



Practitioner's Docket No. 10004529

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX),
EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON BEHALF OF
DECEASED OR INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)**

I, Susan L. Pietrzyk

(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)

Hereby declare that I am a citizen of USA

Residing at 16084 Blazewood Way
San Diego, CA 92127

And that I am executing and signing the declaration to which this is attached as

(check one):

- ☐ the administrator(trix) of
- ☐ executor(trix) of the last will and testament of
- ☒ legal representative (or heirs) of

Joe R. Pietrzyk

Full name of (first, second etc.) deceased or incapacitated inventor

U.S.A.

Country of citizenship of deceased or incapacitated inventor

16084 Blazewood Way, San Diego CA 92127

Residence of deceased or incapacitated inventor

Same as above

Post Office Address of deceased or incapacitated inventor

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts that the inventor is required to state.
Date: 6-04-02

Susan L. Pietrzyk
Signature of administrator(trix), executor(trix)
legal representative (or all heirs)

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sing. MPEP § 409.01(a), 6th ed., rev. 3.

(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

ATTORNEY DOCKET NO. 10004529 -1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Inks Having High Molecular Weight Polysaccharides

the specification of which is attached hereto unless the following box is checked:

☒ (X) was filed on Oct 24, 2001 as US Application No. or PCT International Application

JUN 20 2002 Number 10/084400 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: _____ NO: _____
			YES: _____ NO: _____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER	FILING DATE

U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number 022879

Place Customer
Number Bar Code
Label here

Send Correspondence to:
HEWLETT-PACKARD COMPANY
Intellectual Property Administration
P.O. Box 272400
Fort Collins, Colorado 80527-2400

Direct Telephone Calls To:

W. Bradley Haymond
(541) 715-0159

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Shirley Le

Citizenship: US

Residence: 13138 Stone Canyon Road P way CA 92064

Post Office Address: Same as residence

Inventor's Signature [Signature]

Date 6/11/2002

FOR PATENT APPLICATION (continuation)

Full Name of # 2 joint inventor: Grant A. Webster

Citizenship: US

Residence:

28951 Yellow Brick Road Valley Center CA 92082

Post Office Address:

Same as residence

Inventor's Signature

Grant A. Webster

Date

6-11-02

Full Name of # 3 joint inventor: Joe R. Pietrzyk

Citizenship: US

Residence:

16084 Blazewood Way San Diego CA 92127

Post Office Address:

Legal Representative: Susan L. Pietrzyk

deceased-completed on separate page
Inventor's Signature

Date

Full Name of # 4 joint inventor: Farzaneh Barmaki

Citizenship: US

Residence:

1941 Tecate Glen Escondido, CA 92029 US

Post Office Address:

Same as Residence

Inventor's Signature

Farzaneh Barmaki

Date

6-11-02

Full Name of # 5 joint inventor:

Citizenship:

Residence:

Post Office Address:

Inventor's Signature

Date

Full Name of # 6 joint inventor:

Citizenship:

Residence:

Post Office Address:

Inventor's Signature

Date

Full Name of # 7 joint inventor:

Citizenship:

Residence:

Post Office Address:

Inventor's Signature

Date

Full Name of # 8 joint inventor:

Citizenship:

Residence:

Post Office Address:

Inventor's Signature

Date

The Holy Sacrament of Matrimony



✠ This is to Certify ✠

That Joe Riley Pietrzyk

and Susan Lori Hrehor

were lawfully united in the Holy Bonds of Matrimony on August 31, 1987

✠ according to the Rite of the Roman Catholic Church ✠

and in conformity with the laws of the State of Texas

in the Church of St. Thomas More Austin Texas
CITY

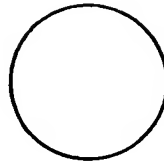
the Rev. Magr. John E. Driscoll officiating in the presence of

David Sullivan and Debra Saxton witnesses

as recorded in the Marriage Register of this Church

Monsignor John E. Driscoll Pastor

Dated August 31, 1987



SEAL OF CHURCH

FORM NO. 100

For this cause shall a man leave his father and mother, and shall cleave to his wife, and they shall be two in one flesh. Eph. 5-31

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200037 017934

STATE FILE NUMBER		USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
Joe		Riley		Pietrzyk	
4. DATE OF BIRTH M/M/DD/CYY		5. AGE YRS.		6. SEX	
09/09/1959		41		M	
7. DATE OF DEATH M/M/DD/CYY		8. HOUR		9. STATE OF BIRTH	
11/14/2000		0930		AL	
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
424-96-4251		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Married	
13. EDUCATION—YEARS COMPLETED		14. RACE		15. HISPANIC—SPECIFY	
20		Caucasian		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER		17. OCCUPATION		18. KIND OF BUSINESS	
Hewlett Packard		Research & Development Engineer		Engineering	
19. YEARS IN OCCUPATION		20. RESIDENCE—STREET AND NUMBER OR LOCATION		21. CITY	
21		16084 Blazewood Way		San Diego	
22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
San Diego		92127		11	
25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	
CA		Susan L. Pietrzyk - Wife		16084 Blazewood Way, San Diego, CA 92127	
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
Susan		Lori		Hrehor	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
Mitchell		-		Pietrzyk	
34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
IN		Daressia		Pearl	
37. LAST (MAIDEN)		38. BIRTH STATE		39. DATE M/M/DD/CYY	
Luker		AL		11/20/2000	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF ENBALMER	
RES-Susan L. Pietrzyk-16084 Blazewood Way, San Diego, CA 92127		CR/RES		Richard K. Sadler	
43. LICENSE NO.		44. NAME OF FUNERAL DIRECTOR		45. SIGNATURE OF LOCAL REGISTRAR	
8535		Poway Bernardo Mortuary		FD-1195	
46. DATE M/M/DD/CYY		47. DATE M/M/DD/CYY		48. DATE M/M/DD/CYY	
11/20/2000		11/20/2000		11/20/2000	
49. PLACE OF DEATH		50. IF HOSPITAL, SPECIFY ONE		51. FACILITY OTHER THAN HOSPITAL	
Pomerado Hospital		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CORP. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
52. STREET ADDRESS—STREET AND NUMBER OR LOCATION		53. CITY		54. COUNTY	
15615 Pomerado Road		San Diego		Poway	
55. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		56. TIME INTERVAL BETWEEN ONSET AND DEATH		57. DEATH REPORTED TO CORONER	
(A) Respiratory Failure		8 Hrs.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. DUE TO (B) Disseminated Aspergillosis		2 Wks.		59. BIOPSY PERFORMED	
60. DUE TO (C) Lupus Erythematosus		3 Mons.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
61. DUE TO (D)				62. AUTOPSY PERFORMED	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
63. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 55		64. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 55 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		65. USED IN DETERMINING CAUSE	
Acute Glomerulonephritis		No		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
66. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.		67. SIGNATURE AND TITLE CERTIFIER		68. LICENSE NO.	
08/21/2000 11/14/2000		Jerome P. Brodtkin, M.D.		61415	
69. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		70. INJURY AT WORK		71. INJURY DATE M/M/DD/CYY	
17190 Bernardo Center Drive, San Diego, CA 92128		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		72. HOUR	
73. MANNER OF DEATH		74. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		75. PLACE OF INJURY	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE					
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED					
76. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		77. SIGNATURE OF CORONER OR DEPUTY CORONER		78. DATE M/M/DD/CYY	
79. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		80. FAX AUTH. #		81. CENSUS TRACT	
		2018824			
82. STATE REGISTRAR		83. A		84. B	
		C		D	
		E		F	
		G		H	

A0568440

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: November 28, 2008

George R. Flores, M.D.
COUNTY OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar



1 Custodian for both AMBER NICOLE PIETRZYK and KYLE MITCHELL PIETRZYK under
2 the California Uniform Transfers to Minors Act.

3 ~~BY: KYLE MITCHELL~~

4 DATE: MAR 27 2001

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JUDGE OF THE SUPERIOR COURT

**DECLARATION PURSUANT TO
CALIFORNIA PROBATE CODE SECTION 13100**

The undersigned, Susan L. Pietrzyk, declares as follows:

I am the successor in interest of decedent Joe Riley Pietrzyk, who died in San Diego County, California, on November 14, 2000.

1. At least forty (40) days have elapsed since the death of the decedent, as shown in the certified copy of the decedent's death certificate attached to this Declaration.

2. No proceeding is now being or has been conducted in California for administration of the decedent's estate.

3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed One Hundred Thousand Dollars (\$100,000).

4. The following assets constitutes a portion of the property in decedent's estate:

1176 SHARES OF COMMON STOCK OF HEWLETT-PACKARD COMPANY

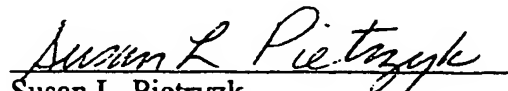
5. I am the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

6. No other person has a superior right to decedent's interest in the described property.

7. Pursuant to the facts set forth above and Section 13100 et seq. of the California Probate Code, I request that the described property be paid and/or delivered to the Declarant.

I declare under penalty of perjury under the law of the State of California that the foregoing is true and correct.

DATED: 2-15-01


Susan L. Pietrzyk,
Declarant

APPLICATION NUMBER: 10/084400

ART UNIT: 1755

FIGURE TO BE PUBLISHED: None

US CLASSIFICATION INFORMATION:

PRIMARY:
CLASS: 106 / SUBCLASS: 31.36

SECONDARY:
CLASS: 106 / SUBCLASS: 31.68

CLASS: 106 / SUBCLASS: 31.58

CLASS: 106 / SUBCLASS: 31.86

CLASS: 347 / SUBCLASS: 100

CLASS: _____ / SUBCLASS: _____

INTERNATIONAL CLASSIFICATION INFORMATION:

PRIMARY:
IPC: C09D 11/02

SECONDARY:

IPC: _____

IPC: _____

IPC: _____

IF MORE PGPUB INPUT NEEDED FROM
ANOTHER AU. THEN LIST THAT AU: _____

check
MPBP

* look at oath
to make sure
OK on ref
to Inv

Joe R. Pietrzyk
(no sig. since he's dead)

* I need to wave
PO address as
long as everything
is OK.

In system
OK

1 JAMES M. GERGURICH, ESQ. (Bar No. 204862)
2 BRUCE M. O'BRIEN, ESQ. (Bar No. 108495)
3 HIGGS, FLETCHER & MACK LLP
4 401 West "A" Street, Suite 2600
5 San Diego, California 92101
6 TEL: (619) 236-1551
7 FAX: (619) 696-1410

8 Attorneys for Petitioner
9 SUSAN L. PIETRZYK

PROBATE DIVISION
2001 MAR 27 P 2:09
STEPHEN H. HUBBARD
CLERK OF SUPERIOR COURT
SAN DIEGO COUNTY, CA

10
11 **SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO**
12 **CENTRAL DIVISION**

13 IN THE MATTER OF

CASE NO. P178882

14 AMBER NICOLE PIETRZYK

**ORDER TRANSFERRING MONEY
BELONGING TO MINORS TO A
CUSTODIAN FOR THE BENEFIT OF THE
MINORS UNDER THE UNIFORM
TRANSFERS TO MINORS ACT, PART 9.**

15 and

16 KYLE MITCHELL PIETRZYK

Minors.

17 SUSAN L. PIETRZYK, as Petitioner, having heretofore filed this Petition for Order
18 Transferring Money Belonging to Minors to a Custodian for the Benefit of the Minors Under the
19 Uniform Transfers to Minors Act, Part 9, and the petition came on regularly for hearing on March
20 19, 2001, at 1:45 p.m., in the Probate Department, Honorable Thomas R. Mitchell, presiding.

21 Due notice of the hearing of the petition has been regularly given as required by law. All
22 the allegations of the petition are true, and the petition should be approved.

23 NOW, THEREFORE, IT IS ORDERED AND ADJUDGED BY THE COURT:

24 1. The monies received from the life insurance with Cigna Group Term Life
25 Insurance, Policy No. 2435803, wherein the above-referenced minors are beneficiaries as to 25%
26 each of the death benefits under the policy, should be transferred to SUSAN L. PIETRZYK as

27 ///

28 ///

1.64 Person making oath or declaration.

(a) The oath or declaration (§ 1.63), including any supplemental oath or declaration (§ 1.67), must be made by all of the actual inventors except as provided for in §§ 1.42, 1.43, 1.47, or § 1.67.

(b) If the person making the oath or declaration or any supplemental oath or declaration is not the inventor (§§ 1.42, 1.43, 1.47, or § 1.67), the oath or declaration shall state the relationship of the person to the inventor, and, upon information and belief, the facts which the inventor is required to state. If the person signing the oath or declaration is the legal representative of a deceased inventor, the oath or declaration shall also state that the person is a legal representative and the citizenship, residence, and mailing address of the legal representen

One of the inventors is deceased.

Mark the only thing missing is the mailing address. I was told that this may be okay, but I thought I would bring it to your attention to see what you thought.